

10/539620

JC17 Rec'd PCT/PTO 17 JUN 2005

**Application Data Sheet**

**Application Information**

Application Number::

Filing Date::

Application Type::

**US National Phase**

Subject Matter::

**Utility**

Suggested Classification::

Suggested Group Art Unit::

Title::

**SOLID-STATE X-RAY DETECTOR**

Attorney Docket Number::

**4590-414**

Request for Early Publication::

Request for Non-Publication::

Suggested Drawing Figure::

Total Drawing Sheets::

**5**

**Applicant Information**

Applicant Authority Type::

**Inventor**

Primary Citizenship Country::

Status::

Given Name::

**Didier**

Middle Name::

Family Name::

**MONIN**

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of Mailing Address::

City of Mailing Address::

Postal or Zip Code::

Applicant Authority Type::

**Inventor**

Primary Citizenship Country::

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Status::

Given Name::

**Bruno**

Middle Name::

Family Name::

**COMMERE**

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of Mailing Address::

City of Mailing Address::

Postal or Zip Code::

Applicant Authority Type::

**Inventor**

Primary Citizenship Country::

Status::

Given Name::

**Gérard**

Middle Name::

Family Name::

**VIEUX**

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of Mailing Address::

City of Mailing Address::

Postal or Zip Code::

### **Correspondence Information**

Correspondence Customer No::

**33308**

Phone Number::

**(703) 684-1111**

Fax Number::

**(703) 518-5499**

E-Mail Address::

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### Representative Information

Representative Customer Number::

Representative Designation:: Registration Number:: Representative Name::

*Primary or Associate*

### Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

### Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
FR	02/15995	December 17, 2002	Yes
	PCT/EP2003/051016	December 16, 2003	Yes

### Assignee Information

Assignee Name:: **TRIXELL S. A. S.**

Street of Mailing Address::

City of Mailing Address::

State of Mailing Address::

Country of Mailing Address::

Postal or Zip Code::